

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90052 039 ***150.00

DOCUMENT # P03000138537

1. Entity Name
LAURYAN FLORIDA VILLAS, INC.



Principal Place of Business
**126 WESTPORT LANE
BRIDGEWATER CROSSING
DAVENPORT, FL 33897 US**

Mailing Address
**126 WESTPORT LANE
BRIDGEWATER CROSSING
DAVENPORT, FL 33897 US**

40068186



2. Principal Place of Business - No P.O. Box #
11244 MACAW COURT

3. Mailing Address
11244 MACAW COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WINDERMERE, FL

City & State
WINDERMERE, FL

Zip
34786

Country

Zip
34786

Country

04082008 Chg-P CR2E034 (12/06)

4. FEI Number
20-1150410

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHASTANG, FERRELL, SIMS & EISERMAN, LLC
215 CELEBRATION PLACE
SUITE 170
CELEBRATION, FL 34747**

7. Name and Address of New Registered Agent

Name
LARSONALLEN LLP
Street Address (P.O. Box Number is Not Acceptable)
420 S. ORANGE AVE, SUITE 500
City
ORLANDO FL Zip Code
32801

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *LarsonAllen LLP*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/9/08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BEARD, GERALDIN**
STREET ADDRESS **126 WESTPORT LANE**
CITY-ST-ZIP **DAVENPORT, FL 33897**

TITLE **VP** ☐ Delete
NAME **BEARD, TIM**
STREET ADDRESS **126 WESTPORT LANE**
CITY-ST-ZIP **DAVENPORT, FL 33897**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **BEARD, GERALDINE**
STREET ADDRESS **11244 MACAW COURT**
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE **VP** ☒ Change ☐ Addition
NAME **BEARD, TIM**
STREET ADDRESS **11244 MACAW COURT**
CITY-ST-ZIP **WINDERMERE, FL 34786**

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

T BEARD

4/9/08

863 557 4698